

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elyahott Morris Blasius Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Rivingsprings</u>		Town	County <u>St. Mary's</u>			
Date of death <u>1906</u>	Month <u>7</u>	Day <u>25</u>	Years <u>-</u>	Months <u>8</u>	Days <u>15</u>	
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md.</u>			
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>					
Father's Name <u>Robert Blasius Jr.</u>				Father's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Genevieve Smith</u>				Mother's Birthplace <u>md.</u>		
Name of person giving information <u>Robert Blasius Jr.</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	<u>Malaria</u>	(109)	How long <u>3 weeks.</u>
Immediate	<u>Convulsions</u>		How long <u>24 hours.</u>

Are the name, age, sex, color, date and place correctly given above?

yes.

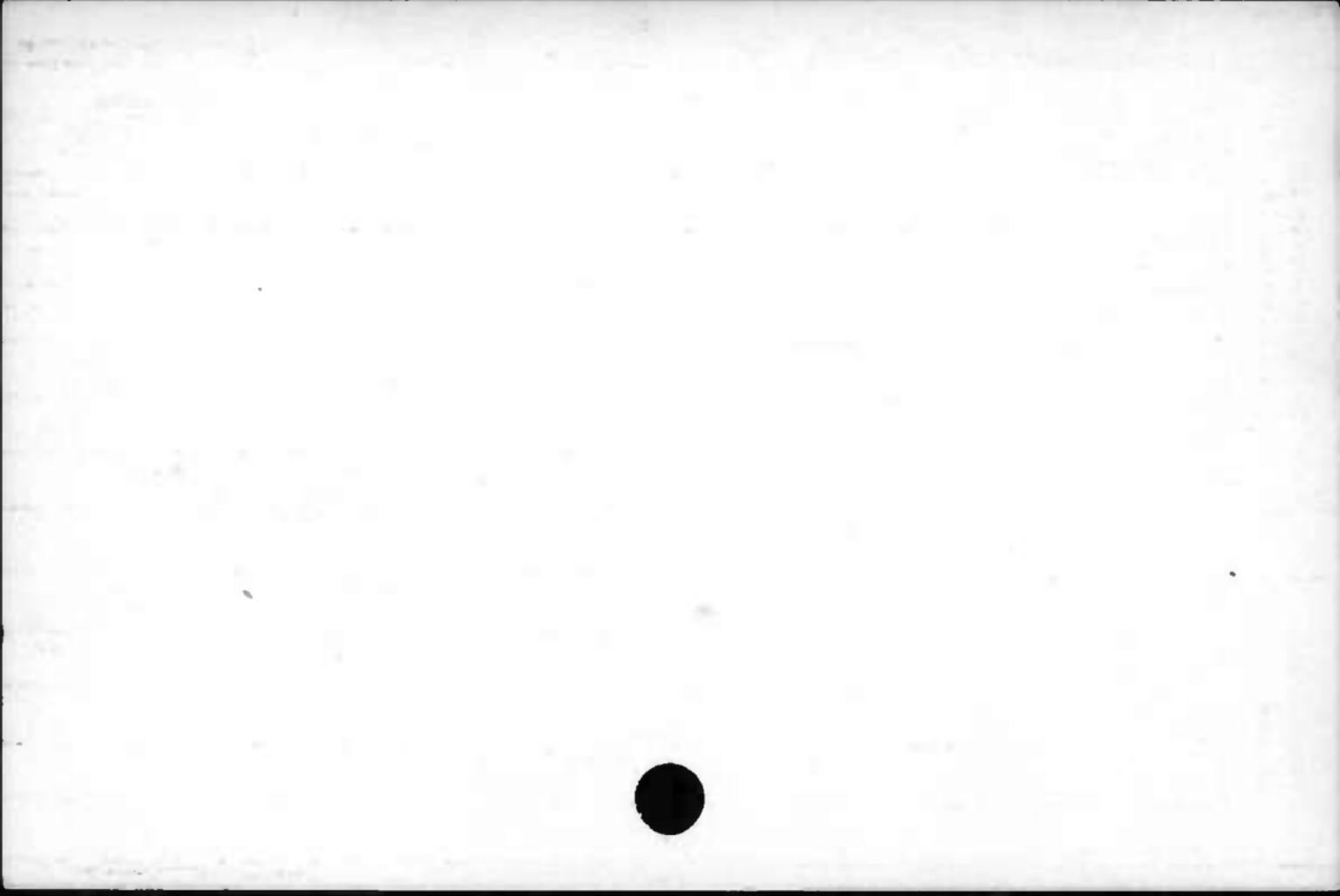
Signature of Physician

R.H.V. Palmer

Address

Palmer

Accident or Suicide?



Thomas Booth

Town
Great Mills

County
St. Mary's

MARYLAND

Died at

Month

Day

Y. M. D.

Native of

Occupation

Date 1906,

July 30

Age 46 - -

Maryland

Farmer,

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~
~~of~~

Father's
Name

Joseph Booth

Mother's
Maiden Name

Emily Waller

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

P. Hooper Lynch, M.D.

Address

Valley Lee, St. Mary's Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
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PHYSICIAN
OR CORONER

James Bovling					CERTIFICATE OF DEATH	
Died at	Charlock Hall	Town	St. Marys	County	MARYLAND	
Date of death	1906	Month July	Day 21	Years 18	Months 6	Days
Sex	Male	Color or Race	Colored	Birth-place	St. Mary Co.	
Occupation	Laborer		Where Residing If not at place of death	Near Charlock Hall		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	James Bovling		Father's Birthplace	St. Mary Co.		
Mother's Maiden Name	Amelia Sherley		Mother's Birthplace	St. Mary Co.		
Name of person giving information	Robert T. Key		How related to deceased	X		

CAUSES OF DEATH

Primary

Typhoid fever

(1)

How long

Cousin

Immediate

Exhaustion

How long

Farmers

Are the name, age, sex, color, date and place correctly given above?

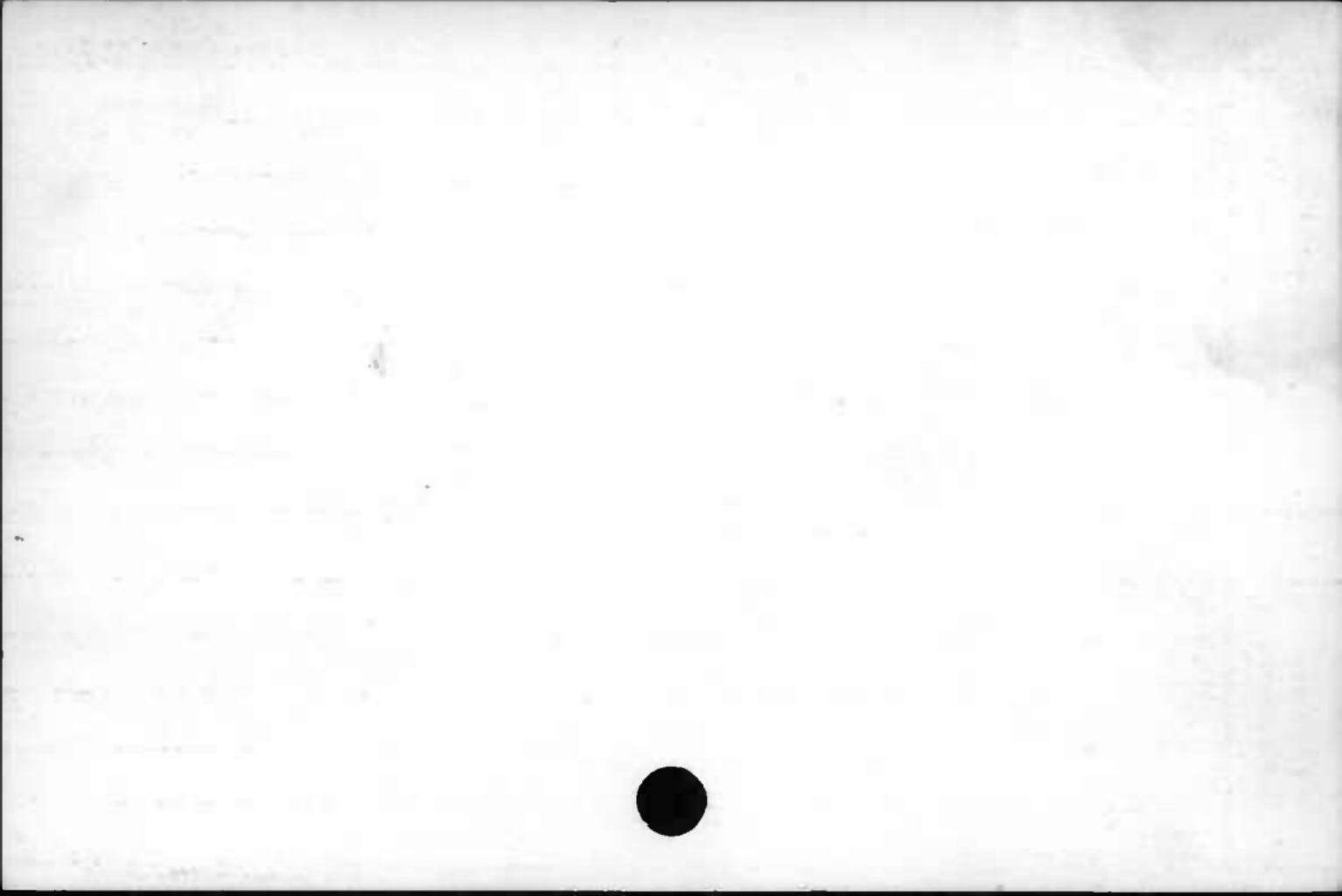
Signature of Physician

Leon J. Soshoron

Address

Charlock Hall Md.

Accident or Suicide?



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OR CORONER

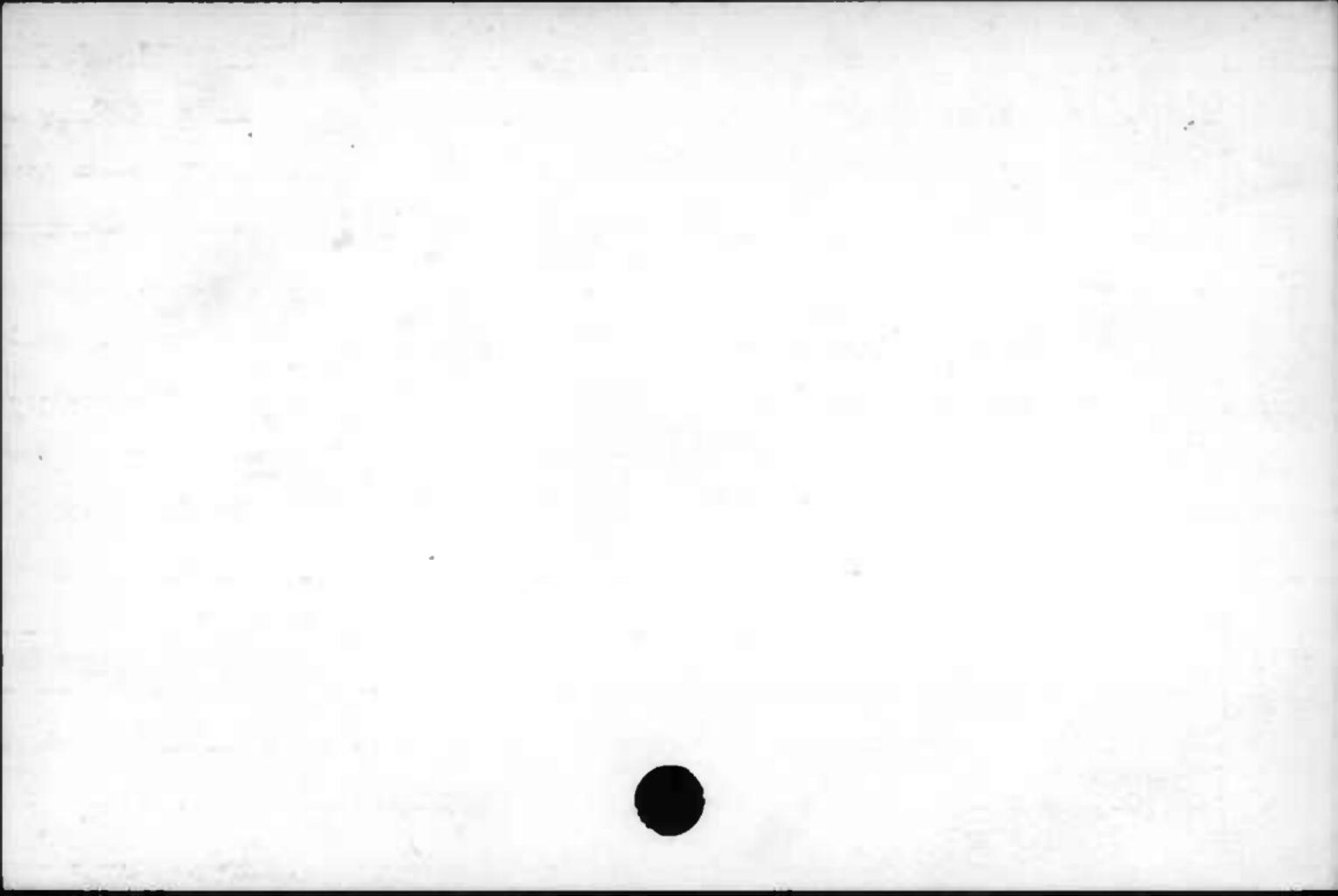
CERTIFICATE OF DEATH

Died at		Town	County..		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Aug	16 th	58	3		
Sex	Female	Color or Race	colored	Birth-place		
Occupation	Lundress	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Augustav Briscoe 55			Father's Birthplace		
Mother's Maiden Name	Analinda Jane Briscoe			Mother's Birthplace		
Name of person giving information	Hattie Johnson 22			How related to deceased		

CAUSES OF DEATH

(27)

Primary	Pulmonary Tuberculosis		How long	Six months
Immediate	Exhaustion		How long	Four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Leon J. Rothman	
		Address	Charlotte Hall Md.	
Accident or Suicide?				



Name
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Mary E. Bunch

CERTIFICATE OF DEATH

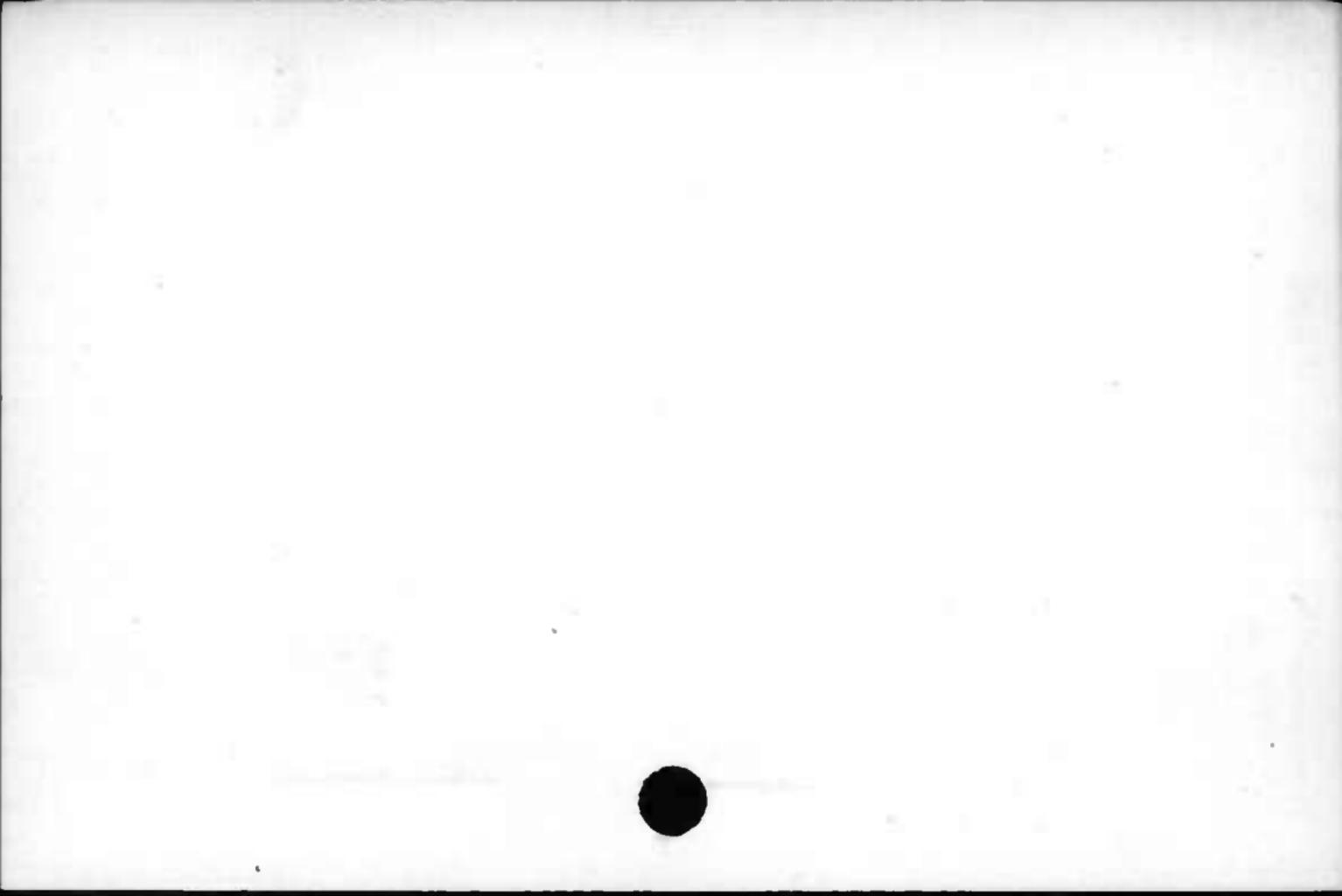
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Counts	Marys		
Date of death	Month	Day	Years	Months Days
1906	7	6	Age 27	— —
Sex	Color or Race	Birthplace		
Female	White	Marysles		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Married	Wanna Bunch			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
Mrs Latham				
Wanna Bunch				
Husband				

CAUSES OF DEATH

Primary	Liver and brain's Exploration	(21)	How long	8 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Syphus	
		Address	Leonardtown and	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
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TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Anna Beatrice Carter

MARYLAND

Died at River Springs Town
Date of death 1906 Month
30 Day

St. Mary's County

Years

Age 1

Months 1

Days 107

Sex Female

Color or Race

Colored

Birth-place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

Richardson and

Father's Birthplace

Md

Mother's Maiden Name

Rosaline Carter

Mother's Birthplace

Md

Name of person giving
Information

John W. Carter

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Enteritis

How long

2 weeks

105

How long

Immediate

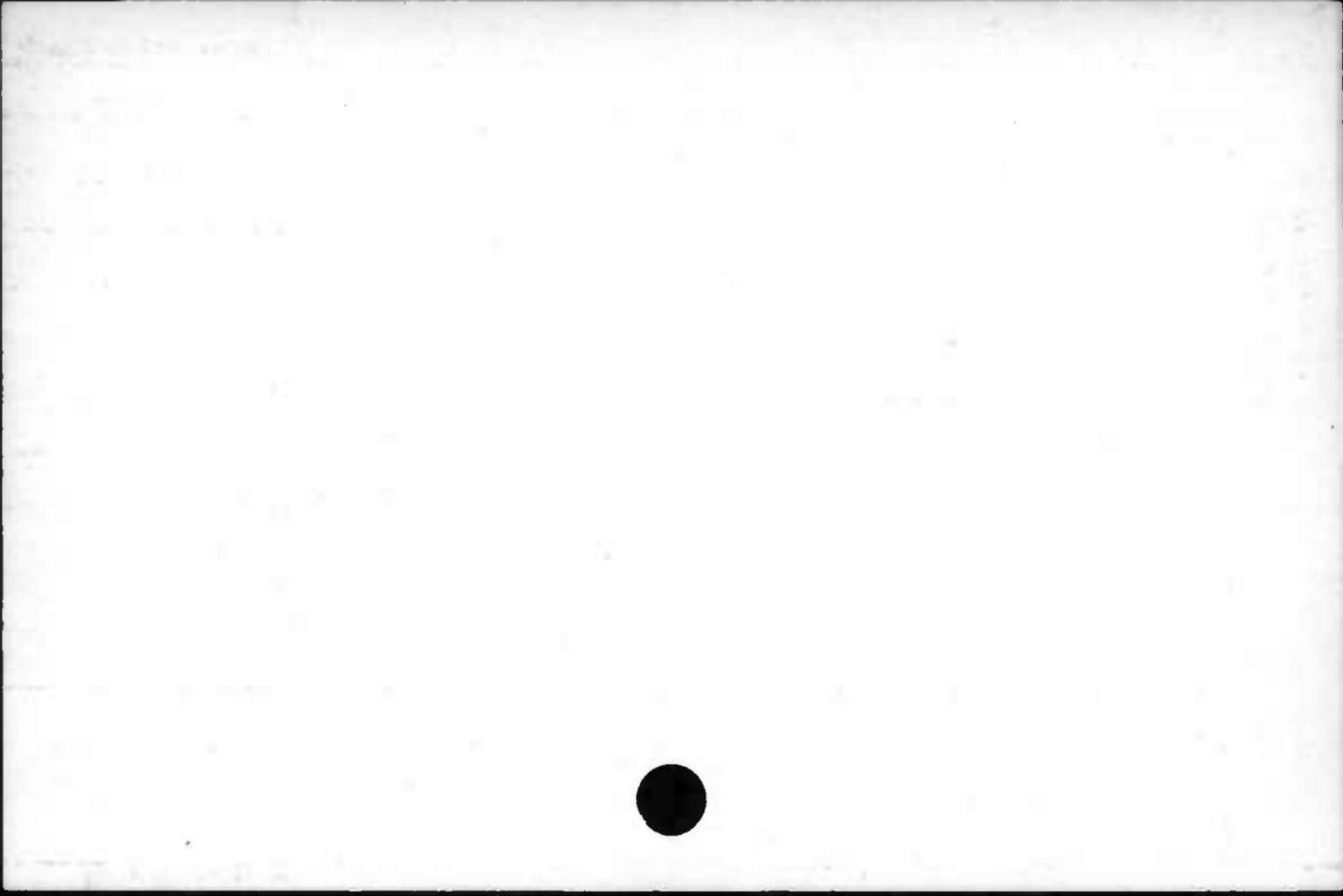
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

R. H. V. Palmer

Address

Palmer

Accident or Suicide?



Name
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H. H. Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Sandy Point *St. Mary's*
1906 July 15 *4*
Male *White* *Ind*
Occupation *Where Residing if not at place of death*
Married, Single or Widowed *Name of Wife or Husband*
Thos. Dixon *Ind*
Mother's Maiden Name *Father's Birthplace*
Judie Jones *Ind*
Name of person giving information *How related to deceased*
Estate Jones *Aunt -*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthora syphilitica

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

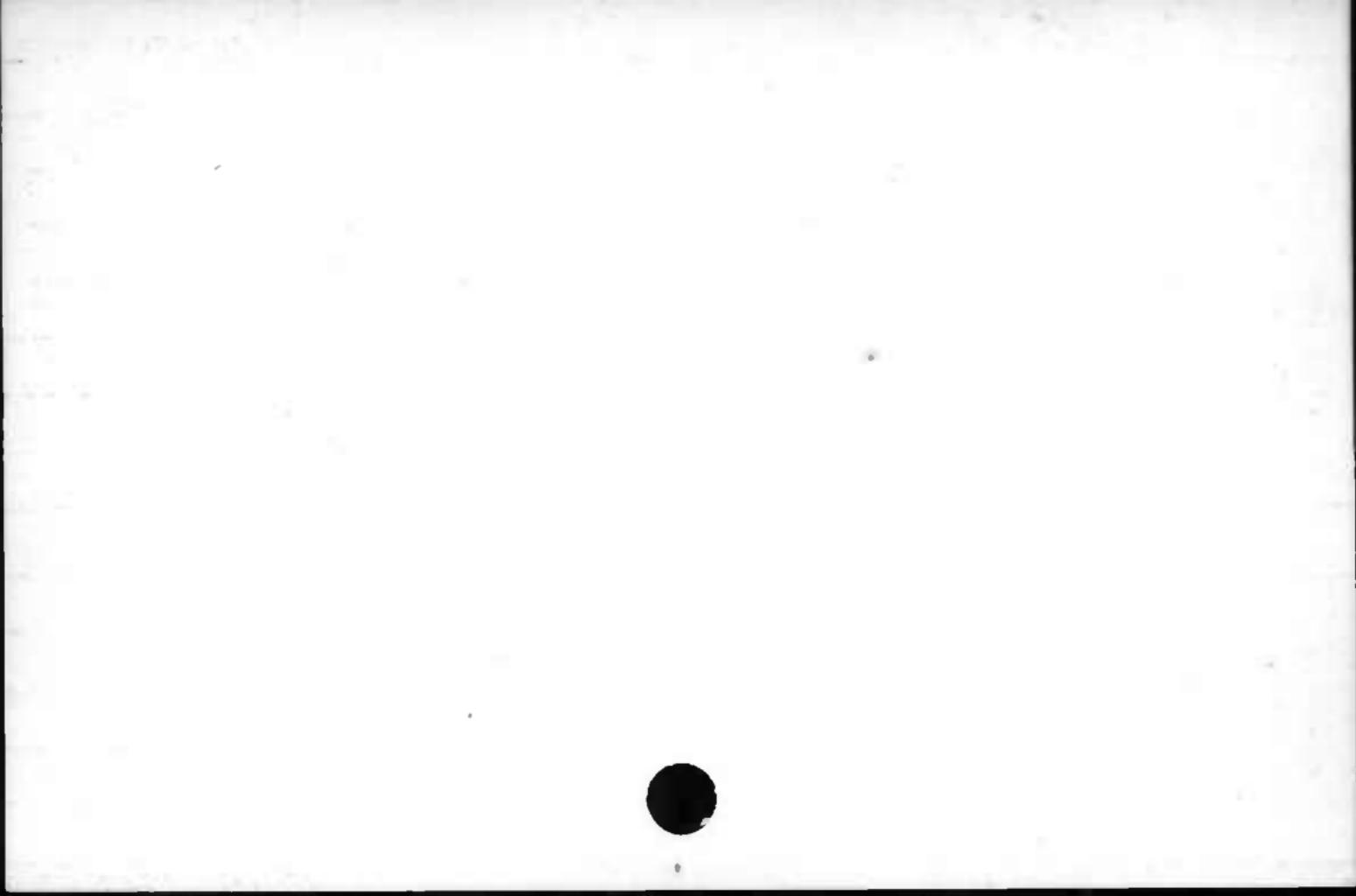
Signature of Physician

Address

*Dr. Joslin,
Doris Lee*

Accident or Suicide?

Perforated I know



Name
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Jacob Forbes

CERTIFICATE OF DEATH

To BE ANSWERED BY
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Died at <u>Dohville</u> Town		<u>St. Marys</u> County			MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>7</u>	Years <u>78</u>	Age <u>78</u>	Months <u>10</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>					Birth-place <u>MD</u>
Occupation <u>Retired Soldier</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rosa Forbes</u>					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	<u>Lewis Jordan</u>					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Asthma

(19)

How long

5-16 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

P. B. Johnson

Address

Winganza

Accident or Suicide?

1



Name
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John H. Greenwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St. Mary's County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Mauid	Name of Wife or Husband	Nannie Plavis			
Father's Name	Edmund Greenwell					Father's Birthplace
Mother's Maiden Name	Rebecca Greenwell					Mother's Birthplace
Name of person giving information	Mrs H. Greenwell					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery -

14

How long

10 days

Immediate

Physical Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

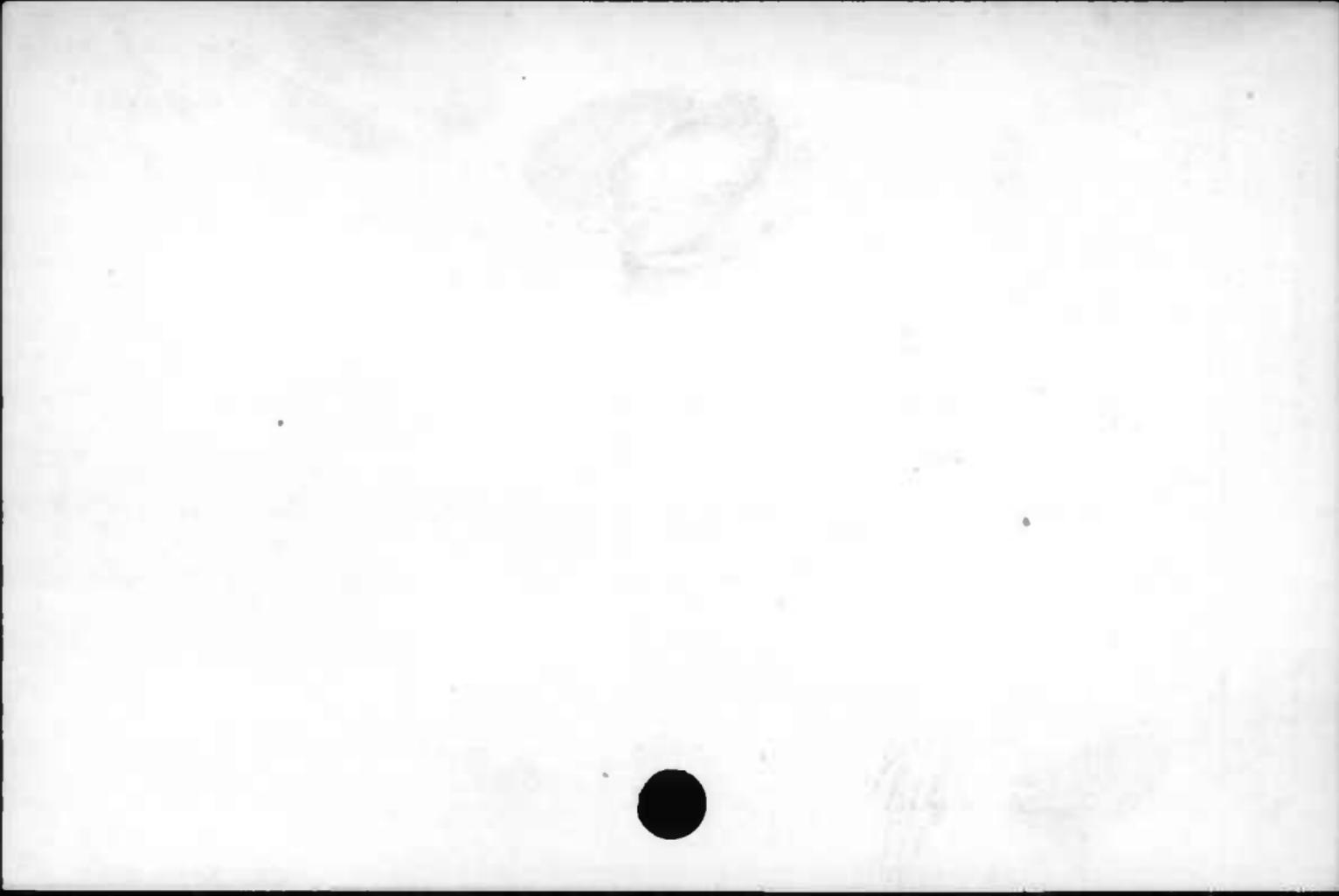
Yes

Signature of Physician

C.B. Johnson -
Morganza -

Address

Accident or Suicide?



Name
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Mary L. Hie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Hickey wood</u>	<u>St Marys</u>				
Date of death <u>1906 July</u>	Month	Day	Years	Months	Days
of death <u>15</u>			<u>3</u>		
Sex <u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Md</u>	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>John Lopresto Hie</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mrs. Mallory</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>J. L. Hie</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric & renal

(116)

How long

6 days

Immediate

Anemias

Are the name, age, sex, color, date and place correctly given above?

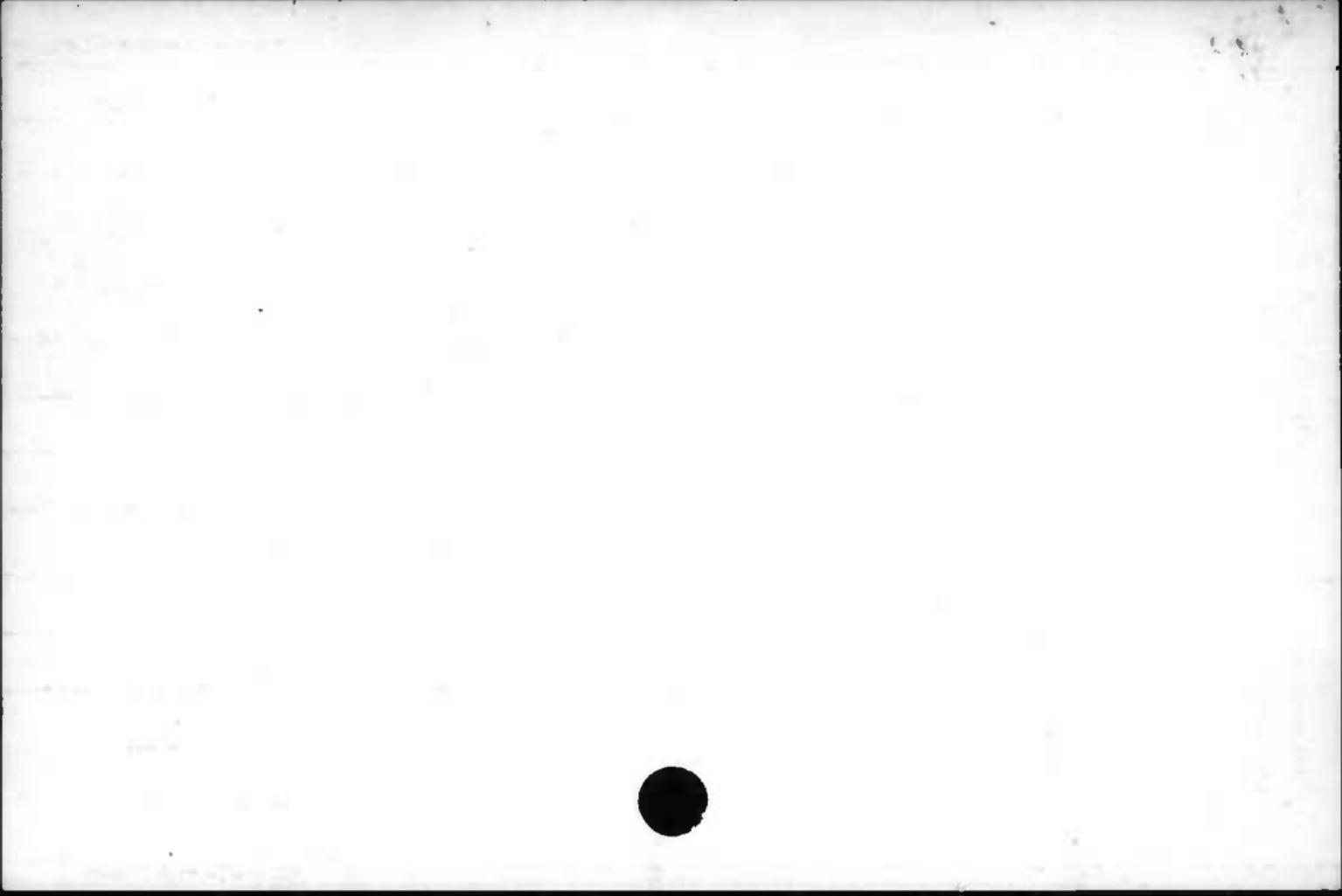
yes

Signature of Physician

Address

J. L. Hiey
Post office
Md

Accident or Suicide?



Name
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Full

Mary Elizabeth Key

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Charlottetown	Town	St. Mary's	County	MARYLAND	
Date of death	1906	Month July	Day 26	Years	Months	Days
Age	-50					
Sex	Female	Color or Race	creoud	Birth-place	Charles Co. Md.	
Occupation	House keeper	Where Residing if not at place of death	New Charlotte Hall			
Married, Single or Widowed	married	Name of Wife or Husband	Benjamin Key	Father's Birthplace	St. Mary's Co.	
Father's Name	John Shirley	Mother's Birthplace	Charles Co. Md.			
Mother's Maiden Name	Monica Coulee	How related to deceased	Husband			
Name of person giving information	Benjamin Key					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Abdominal Tumor.

How long

week.

Immediate

Heart Cerebral. due to former

How long

one day

Are the name, age, sex, color, date and place correctly given above?

yes

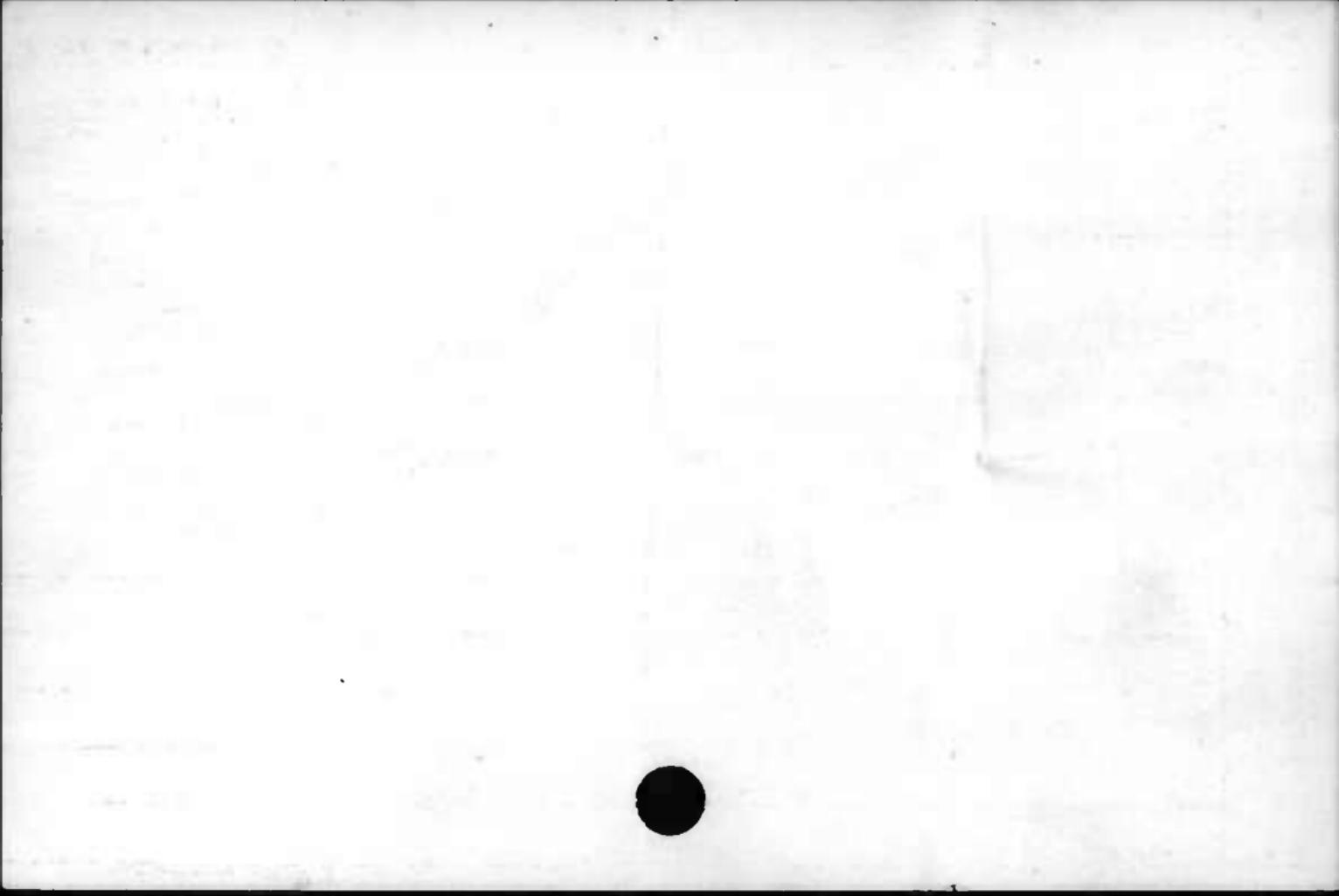
Signature of Physician

Leon J. Gaston

Address

Charlotte Hall Md.

Accident or Suicide?



Name
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William Clement Lippelt

CERTIFICATE OF DEATH

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Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	and
Father's Name			
Mother's Maiden Name			
Name of person giving information	How related to deceased		

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name William Lippelt

Mother's Maiden Name Elizabeth Henry an

Name of person giving information William Lippelt

Father's Birthplace and

Mother's Birthplace and

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	measles	⑥	How long
	Immediate	Enteritis	6	How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	R.H.V. Palmer
			Address	Palmer's wash
Accident or Suicide?				



Name
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Millard Rae

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1904	Month July	Day 21	Age one	Months 4	Days 6	
Sex	Male	Color or Race	White	Birth-place St. Mary's Co.			
Occupation	stone		Where Residing If not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	George W. Rae		Father's Birthplace			Maryland	
Mother's Maiden Name	Marie Talleen		Mother's Birthplace			Maryland	
Name of person giving information	George W. Rae.		How related to deceased			Talleen	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum 05	
Immediate	Callafee	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

P. Horner Lynch, M.D.
Valley Lee,
St. Mary's Cond.

